

U.S. FISH AND WILDLIFE SERVICE CREDENTIALLED LAW ENFORCEMENT REFUGE OFFICER ADDENDUM
to the *PERIODIC*
FEDERAL INTERAGENCY

MEDICAL HISTORY, EXAMINATION, and CLEARANCE FORM for Wildland Firefighters (Arduous Duty)

(Note: To be valid for review purposes, this form MUST be attached to a completed full form by this name)

FIREFIGHTER'S NAME (LAST, FIRST MIDDLE) <i>(Print legibly)</i>		
MEDICAL HISTORY ADDENDUM	DIAGNOSTIC AND PHYSICAL FINDINGS ADDENDUM	
VISION Have you had radial keratotomy surgery? <div style="float: right; text-align: right;"> Yes No <input type="checkbox"/> <input type="checkbox"/> </div>	<u>Eyes</u> Normal Abnormal <input type="checkbox"/> <input type="checkbox"/> Corneas	<u>Cardiac</u> Normal Abnormal <input type="checkbox"/> <input type="checkbox"/> EKG (all incumbents over age 40) - Attach printout and interpretation <input type="checkbox"/> <input type="checkbox"/> Exercise Stress Test –maximal, symptom-limited graded exercise test using Bruce protocol (incumbents age 45 and over)
NOSE, MOUTH AND THROAT Are you missing any teeth, or have gaps between teeth, that affect your appearance or ability to eat? <div style="float: right; text-align: right;"> Yes No <input type="checkbox"/> <input type="checkbox"/> </div>	<u>Nose, Mouth and Throat</u> Normal Abnormal <input type="checkbox"/> <input type="checkbox"/> Teeth (note any missing teeth, or significant gaps, caries, or infection)	<u>Gastrointestinal</u> Normal Abnormal <input type="checkbox"/> <input type="checkbox"/> Proctosigmoidoscopy (age 40 and over, every 3 years) <input type="checkbox"/> <input type="checkbox"/> Stool occult blood
GENITOURINARY Do you pass urine while sleeping? Do you pass urine accidentally, while awake? Do you have a sexually transmitted disease at this time? <div style="float: right; text-align: right;"> Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<u>Genitourinary</u> Normal Abnormal <input type="checkbox"/> <input type="checkbox"/> Pap smear (women) <input type="checkbox"/> <input type="checkbox"/> Mammogram (women, age 35 and over, every 3 years) <input type="checkbox"/> <input type="checkbox"/> Prostate (men) <input type="checkbox"/> <input type="checkbox"/> Testicles (men)	<u>Laboratory Tests</u> (in addition to tests for WLFF clearance) Blood Lead: _____ Serum Iron: _____
<u>Comments/Findings</u> <div style="height: 100px;"></div>		

Law Enforcement /
 Firefighter Signature:

Date:

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Medical Review Officer's Qualification Statement

VISION STANDARD

The law enforcement vision standard includes the following variations from the wildland firefighter requirements:

- Far visual acuity, without correction, of at least 20/200 in each eye; and
- Far visual acuity, with correction (if needed), of at least 20/20 in one eye, and 20/30 in the other eye; and
- Near vision sufficient to read Jaeger Type 2 at 14 inches, with or without correction.

HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD

The law enforcement head, nose and throat standard requires:

- That missing teeth which would cause unsightly space or significantly reduced masticatory or incisal efficiency be replaced by bridges or dentures of satisfactory workmanship and in good condition.
- That caries, pyorrhea, pus pockets around toots, other foci of infection, or Vincent's disease be corrected, prior to appointment for applicants, or when noted during regular exams for incumbents.

Name of Examined Individual: _____ Physician/Clinic Address: _____

SS#: _____

Date of Birth: _____ Physician/Clinic Phone: _____

This review is based on:

- ☐ Report of Medical Examination, Dated: _____
- ☐ Supplemental Medical Information, Dated: _____

Findings:

- ☐ **No Significant Findings** - Individual meets the agency's medical standards and functional requirements for this law enforcement position.
- ☐ **A Final Determination Cannot be Made Based on Available Medical Information** - The following results were missing, incomplete, or inconclusive and require further information or additional testing. Final recommendations cannot be made until this has been completed. The requested information should be provided within 30 days of the review date to the Medical Review Officer at the address noted at the bottom of this page. If indicated, an information sheet will accompany this form to describe the authority for requiring this information, and the types of information required.
- ☐ **Significant Medical Findings** - The individual does not meet the agency's medical standards and functional requirements for the safe and efficient performance of the duties of the position. A request for waiver of the standard(s), or reasonable accommodation, may be initiated by the employee according to the agency's established protocols.

Date of Medical Initial Review: _____

Reviewing Physician: _____

Date of Medical Final Review: _____

Signature: _____

Reviewer's
Address: _____